

Carl D. Perkins Vocational and Technical Education Act of 1998
and / or State Vocational Education
FISCAL YEAR 2003 INTERIM REPORT
Budget Obligation and Disbursement Statement

Check One: _____ **Secondary** _____ **Post Secondary**

ELIGIBLE RECIPIENT: _____ PROJECT NUMBER: _____

A. EXPENDITURE CATEGORY	B. FUNCTION & OBJECT CODE	C. APPROVED BUDGETED AMOUNT	D. PROGRAM COSTS		E. ADMIN. COSTS	F. TOTAL
			Obligated	Disbursed	Obligated & Disbursed	(D + E)
INSTRUCTION						
Personal Services - Salaries	100-100					\$0.00
Purchased Professional & Tech. Services	100-300					\$0.00
Other Purchased Services	100-500					\$0.00
General Supplies	100-600					\$0.00
Other Objects	100-800					\$0.00
SUBTOTAL - INSTRUCTION		\$0.00	\$0.00	\$0.00		\$0.00
SUPPORT SERVICES						
Personal Services - Salaries	200-100					\$0.00
Personal Services - Employee Benefits	200-200					\$0.00
Purchased Prof.- Ed. Serv.	200-300					\$0.00
<i>Purchased Prof.- Ed. Serv.</i>	200-320					\$0.00
Purchased Property Services	200-400					\$0.00
Other Purchased Services	200-500					\$0.00
Travel	200-580					\$0.00
Supplies and Materials	200-600					\$0.00
Other Objects	200-800					\$0.00
Indirect Costs	200-860					
SUBTOTAL - SUPPORT SERVICES		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FAC ACQ & CONSTRUCTION SERVICES						
Buildings	400-720					\$0.00
Instructional Equipment	400-731					\$0.00
Noninstructional Equipment	400-732					\$0.00
SUBTOTAL - FACILITIES ACQUISITION & CONSTRUCTION SERVICES			\$0.00	\$0.00	\$0.00	\$0.00
Schoolwide Programs: Abbott	520-930					
Schoolwide Programs: Non-Abbott	520-932					
TOTAL PROJECT OBLIGATIONS and DISBURSEMENTS			\$0.00	\$0.00	\$0.00	\$0.00

F. ☐ As the applicant LEA for the consortium, I certify that all participating agencies are in agreement with this Interim Report Application.

To the best of my knowledge, I certify that this report is accurate.

G. LEA Chief School Administrator /

College President/Agency Head

Signature:

Date:

H. LEA Business Administrator / Chief Financial Officer (signature): _____

	NJDOE USE ONLY
Approval Recommended	OVT-CAP Signature:
Approval Recommended	OGMD Signature: